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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pienkos, John T.

Serial No.: 09/694,402

Filing Date: October 22, 2000

Title: SYSTEM AND METHOD FOR PROVIDING
REDUCED INSURANCE PREMIUMS

Examiner: Carolyn M. Bleck

Art Unit: 3626

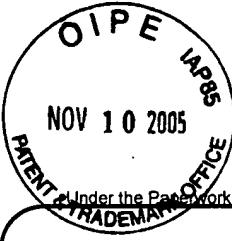
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

In response to the Office Action dated August 5, 2005 and the Interview with the Examiner that was the subject of the Interview Summary mailed by the Examiner on August 23, 2005, the Applicant respectfully provides the following Remarks and Amendments

Amendments to the claims are reflected in the listing of claims that begins on page 2 of this paper.



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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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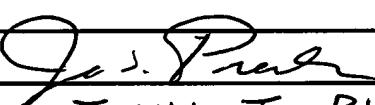
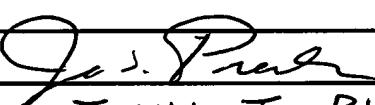
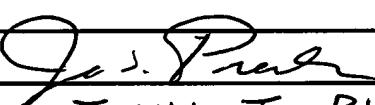
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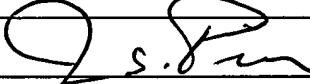
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Application Number	09/694,402
Filing Date	10/22/2000
First Named Inventor	JOHN T. PIENKOS
Art Unit	3626
Examiner Name	CAROLYN M. BLECK
Attorney Docket Number	—

ENCLOSURES (Check all that apply)														
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-left: 20px;">Return Receipt Postcard</p>												
Remarks														
<p style="text-align: center;">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1" style="width: 100%;"> <tr> <td>Firm Name</td> <td colspan="2">—</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> </tr> <tr> <td>Printed name</td> <td colspan="2">JOHN T. PIENKOS</td> </tr> <tr> <td>Date</td> <td>11/7/05</td> <td>Reg. No.</td> </tr> </table>			Firm Name	—		Signature			Printed name	JOHN T. PIENKOS		Date	11/7/05	Reg. No.
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Typed or printed name	JOHN T. PIENKOS	Date 11/7/05

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